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A case history of a 16-year-old Puerto Rican male high school dropout is presented to illustrate the visual-perception difficulties resulting in illiteracy and academic failure. The boy had had a number of years of formal schooling without learning any of the basic skills. Neither the academic nor the work training programs at Mobilization for Youth were able to remedy the problem, in part because neither unit recognized the deep-seated perceptual difficulty. Lack of intercommunication between the two programs about the boy's learning failures also hampered a successful outcome. Finally, the vocational counselor terminated all plans for his further education and placed him in a full-time job which did not require literacy in any language. This case study points out the need for early identification of perceptual handicaps, with referrals to specialists for diagnosis and treatment. Although there are a few agencies which can provide the appropriate help for such dropouts, it is nevertheless important to identify this type of disadvantage so that special programs and treatment methods can be developed. (NH)

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A CASE HISTORY IN THE TREATMENT OF ACADEMIC FAILURE:

SOME SUGGESTIONS FOR PROFESSIONALS IN WORK/TRAINING PROGRAMS

FOR THE DISADVANTAGED

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A CASE HISTORY IN THE TREATMENT OF ACADEMIC FAILURE: SOME SUGGESTIONS FOR PROFESSIONALS IN WORK/TRAINING PROGRAMS FOR THE DISADVANTAGED

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When Juan G. presented himself to the Work/Training Program of Mobilization for Youth in December of 1966, he was an English-speaking high school dropout. Born in San Sebastian, P.R., in 1947, he immigrated with his family to New York City; the exact date is unclear from the sketchy records. From the same records, it would appear that Juan sat in public school classes on the Lower East Side for some six years. In November of 1963, Juan, who was then attending a ninth grade 'special' class, was referred by his junior high school for remedial reading at the MFY Reading Clinic. The school records at that time noted that he was "illiterate (1963)" and "wore glasses."

The MFY Clinic Experience

At the MFY Junior High School Reading Clinic he attended thirty sessions of small-group remedial reading instruction over a period of six months. His remedial reading teacher at MFY recalls the following details:

1. He could not read. He could only recognize the alphabet.

2. He spoke Ehglish reasonably well although his vocabulary was limited.

3. He revealed a pattern of confusion about dates and schedules. He missed appointments by arriving either too early or on the wrong days. At the same time he showed anxiety in coping with the problem of getting the required parent-consent slip to the clinic so that he would be accepted by the clinic. He apparently wanted to attend.

4. The junior high school teachers had described him as cooperative, passive, obedient. However, none of them expressed confidence that he could master the curriculum.

During his clinic sessions the following significant symptoms were noted in the clinic record:

1. On the Gates Basic Reading Test (for grades 3-8) he could not be tested at all. On a lower version of the same test, the Gates Advanced Primary, he scored zero on all sections of the test. On the form that is lower than that, the Gates Primary Test, he got scores of 1.6, 1.3, and 2.1 (all of which can be achieved by marking the items indiscriminately and with no knowledge of reading whatever.) He refused to try the oral reading test at all.

On all of the test booklets which Juan used, his name was spelled in such a confusing manner that the reading teacher felt it necessary to rewrite the name. Careful examination of this handwriting reveals that he was consistent in his manner of forming the letters, and that he actually had all of the letters in order, although he formed them in such a way that it was almost impossible for another person to recognize them without careful study. The i is undotted, the t has a curved bottom like a printed t but unlike a handwritten one, the lowercase g is placed totally above the line. These are all indications of the possibility of confusion of seeing print in space.

2. "He has made slight progress since the beginning of tutoring. He confuses q for d, g for a, does not know the sounds made by letters y, v, j, and confuses letter a with n, b and r. He named i, u and o with assurance, but confused e with v, and refused

to try naming a. Work in this area should continue, much practice and encouragement. He seems very anxious to learn to read." (Direct quote from the teacher's report.)

It should be noted here, that the confusions mentioned above are often termed "rotations and reversals' in the technical language of education and psychology. In a sixteen-year-old boy, they can be interpreted as evidence of a possible visual-perceptual problem. As Frostig and Horne point out in The Frostig Program for the Development of Visual Perception, "The ability to differentiate letters that have the same form but differ in their position--such as b and d--and the ability to recognize the sequence of letters in a word...depend upon the normal development of perception of position in space and of spatial relationships. A child who is deficient in any of the foregoing abilities is likely to be handicapped in all academic subjects; but his difficulties will probably be most apparent in his progress in reading."

Contact with MFY Work/Training Program

When Juan arrived at MFY Work/Training in December of 1966, he had dropped out of high school, and was looking for work. He was retested for reading, IQ, and math. The scores are listed on his Confidential Referral Slip as follows: "Reading -- no score -- can't read;" "Arithmetic -- 2.9" (meaning grade level); "Psychological -- 52."

A 2.9 grade level can be achieved on the Wide Range Arithmetic Test by guessing at a few items. As was established later, Juan often could not even count to ten correctly. The 52 IQ score is actually very low even with due allowance for the fact that Juan

could not read. Since Juan had 'sat through' several years of education in public schools, however inferior that education may have been, it must be presumed that some teacher tried to teach him the alphabet and to count to ten correctly. That he was unable to learn these simple tasks is a significant piece of evidence leading to an interpretation that his reading problems stemmed from something more deep-seated than simply lack of exposure to good teaching practices or to dedicated teachers.

At this time he showed great confusion in identification of capital letters. These are spelled out in detail here because they are considered most significant in diagnosing Juan's problem in reading and are examples of the type of poor functioning that classroom teachers can easily spot. An examination of the chart below may shed some light on the visual nature of Juan's confusion.

W	V	J	X
U	Y	G	Z

Juan called U, W: Y, V; J, G; Z, X. Confusion about the number of round shapes at the bottom of U and W is common in visual perceptual problems. Y and V actually can 'look' very similar when printed; one has to really learn to 'see' the little leg on the Y. G or J rotated 180 degrees can almost be taken for each other, especially by someone who has difficulty noting exactly where the little terminals are on each figure. The confusion over Z and X is also very common in children having perceptual problems. Actually, diagonal lines, such as those which make up Z and X, and especially diagonal lines which cross each other, are considered by Kephardt and other

authorities on the slow learner to be most difficult for the perceptually handicapped person to see correctly and reproduce correctly.

It is possible but not definite that Juan acquainted the intake worker and possibly his new teachers with the fact that he had previously attended an MFY Remedial facility. There is no indication that any attempt was made to put together the information from Juan's Junior High School Reading Clinic File and the new information from Work/Training Intake procedures in order to fashion a working diagnosis of Juan's academic problems. The same deficiencies were noted, but not interpreted.

Once again, Juan was placed in small-group remediation, where the emphasis was on traditional methods of developmental and remedial reading. According to these methods he was taught by whole word recognition, letter analysis of words, and some phonics practice. He attended Remedial Education classes for some fifteen hours a week, for nine months, by which time he appeared to know no more about reading than when he had first presented himself for service from the agency, four years earlier. No professional with whom Juan came in contact knew how to interpret the rather easily observed, surface manifestations of a deeper problem. No recommendation for further investigation of his learning problems was instituted. He was allowed to attend classes, although he was obviously making little or no progress.

During this period of nine months, Juan was also working half a day in the vocational training shops provided by the agency. The communication between the educational unit and the other units in-

volved with Juan was so poor that the teaching staff knew little of the vocational and counselling planning or evaluation done in Juan's case. The sparse records reveal he was subjected to a series of practical tests in the Vocational Evaluation Unit to determine which manipulative, cognitive, and abstract tasks he could do well. However, no record or interpretation of these test scores was made available to the teaching staff.

Perceptual problems do not show up only in reading and math. Usually a trainee with as many problems as Juan was later established to have will indicate poor manipulative control. Working on such objects as pegboard puzzles and mazes, and the use of tools in particular, can provide evidence of poor perception. The trainee will be clumsy and quite inept in handling concrete tasks. He will have a distorted idea of space, distance, and direction. It would be difficult to believe that Juan performed well on the Vocational Evaluation battery. Perhaps his deficiencies were noted, but they were not interpreted as being particularly significant.

Classroom Observations Leading to Further Investigation

In September of 1967 a new teacher and a new supervisor of education were assigned to Juan's class. The teacher and the Vista Volunteer assistant in the classroom began to report that Juan did not seem to be learning at all. They further noted that he displayed some peculiar, compulsive patterns in handling the exercises given him in the course of his work, patterns indicating that he did not understand even very simple instructions. Some of these patterns are listed below.

1. He numbered each line in the paragraph. Each line was considered a sentence whether it was complete or not. He disregarded periods, capitals, commas, in the belief that the sentence ended because it had reached the margin of the paper.

2. He always preferred to write on the reverse side of his paper and would not write on the front, unless so reminded. Since punched notebook paper would have the holes on the wrong side after he did this, other holes would have to be made to put the paper correctly into the notebook. When issued a mimeographed sheet to work on, Juan would punch holes in it, but always on the wrong margin, again so that it would fit in backwards. He was not lefthanded.

3. He would tend to perseverate in a procedure for handling an exercise even when given new work and new instructions.

4. He was confused about lower case b, d, p, e, and s. All lower case letters that are supposed to extend below the line (y, p, q, g, j) were placed above the line. According to Kephardt (in The Slow Learner in the Classroom), this inability to cross the midline may also have to do with poor spatial perception of the placement of letters which extend lower than the others on a line.

5. Though Juan could read by rote memory--with help--some of the paragraphs written on the blackboard, he could not then read the same words from a work-sheet in a horizontal position. This is considered significant because optometrists feel that it is much easier for one to see on a vertical plane than across a horizontal plane. For this reason, some programs for the correction of visual perceptual problems require that the student work on a slanted desk.

Juan also preferred to prop the book up when he attempted to read as if he instinctively knew the position from which he would read the words most easily.

Juan had difficulty in spacing words on a line with the proper distance between words so that they could be read by others. He appeared to lack a sense of the difference between the amount of space between words and that between letters in a word. The teacher reported: "He feels very secure copying sentences but has no idea what he is copying."

6. If Juan learned rhyming words on a word-wheel, or on a word card, he would not recognize the word in a sentence. He knew specific words in specific settings, but could not recognize them in another setting.

7. Juan often complained about headaches or he would say he was tired and it hurt his eyes to read. He did not complain about seeing letters double when asked about this symptom.

8. If Juan made a mistake on his paper or was interrupted before he could finish something, he would get very upset and rip up his paper. He was always very afraid that if he did not do the same thing continually he would forget what he had learned. If he did a paper which was good enough to be put on the bulletin board, he always had to make another copy to place in his notebook, complete with the teacher's date stamp and red pencil mark indicating acceptability, as if to fill up his notebook (another compulsive gesture). Whenever he had to leave class early he would insist on working through the coffee break because he was afraid someone would criticize him for leaving early. He became extremely attached to

Mrs. G., his teacher; when Miss M. (Vista Volunteer and substitute) took over the class, he needed constant reassurance that Mrs. G. approved. He would say to Miss M., "I don't think she wants me to do it that way," or "She wouldn't like it," as if he couldn't transfer his idea of the teacher-in-authority to another person. When he made small mistakes in his work in class, despite reassurance from the teacher, she reported, "I could see him using all of his power of concentration to keep from ripping up his paper or breaking his pencil." He spoke of his bad temper and once reported a fight with his mother in which he had broken up everything in the house.

9. Juan had difficulty counting and enumerating numbers or saying the alphabet in sequence. He would number objects "1, 1, 3" instead of 1, 2, 3. In counting pictured items on a page, he would start at the upper righthand side of the page, proceed down the page and then to the left and finally back up the page (in other words, counting in a clockwise direction). Sometimes, he would count from right to left. Both of these patterns of procedure are contrary to the more common way of counting items, and both are quite contrary to the instinctive way most of us use our eyes once the reading process with its emphasis on left-right progression has become internalized.

Contact with Counselor

When the above listed observations of Juan's classroom functioning were transmitted to Juan's new counselor, more testing was requested and carried out within a few weeks. The results of the testing, while rather elaborate, were discussed with his educational supervisor and a brief written account sent to the Remedial Educa-

tion Department. This note stated simply: "Slow receptiveness and progress in learning seem to demonstrate some intellectual malfunctioning." A longer report, read over the phone, suggested possible brain damage, organicity, and/or neurological impairment.

No hard and fast diagnosis was given to the educational personnel. However, within days, plans to terminate Juan from education were made by his counselor. A full-time position was located for Juan, one that did not require literacy in any language.

Implications for Educators

This paper is written with the hope that teachers and other professional personnel will be able to understand more clearly the problems of educating dropout youths. It is hoped that in differentiating trainees who do not seem able to benefit from continued traditional education, better provision might be made for them eventually. Virtually all retraining programs now available under government funds use traditional methods of remedial reading.

Reading is still taught through the use of small print, on two-dimensional, horizontally placed pieces of paper, with an emphasis on phonetic analysis, visual memory of whole word image, eyes trained to move smoothly across a line of print and then to move diagonally down and left to the next line of print. Individuals with a visual-perceptual handicap frequently cannot learn from these procedures. They need to go back to more immature ways of learning perception of space, distance, patterns of sequencing, and many other tasks too numerous to mention in this paper. Psychologists and some medical people interested in these kinds of learning problems are now trying to design retraining programs for those so handicapped, but, as yet, programs of this nature are few in number.

Some of the clues for teachers to observe and note are:

1. Complete illiteracy at the age 16 years or older, in an English-speaking youth who has had some schooling. This is an overriding symptom. When it is encountered, the teacher or social worker should look for other symptoms.

2. Visual-perceptual problems evidenced by reading words backwards, (was/saw), rotation and reversal of letters (b/d) either in writing or in identifying them by name, complaints about "seeing double" or evidence that the youngster sees letters running together or moving on the page.

3. Severe spelling and/or handwriting problems. Tortured or scratchy handwriting, inability to place lettering on the lines or to allow for margins, right or left.

4. Difficulties in remembering sequence of items, as in memorizing the alphabet and in recreating a sequence as in spelling correctly. Difficulties in counting correctly, or in numbering items. Unusual discrepancies, such as counting correctly but not being able to number items correctly.

5. Stuttering and other speech problems. If phonics of individual letter sounds are mastered, any difficulty in blending two sounds, such as fl, br, st, and the converse, difficulty in separating the two sounds of a blend.

6. Slowness or confusion over the left and right sides of any external object or of one's body.

7. Any unusual motility patterns: clumsiness, holding pencil in an odd manner, jerky hand motions, nervous body movements, tipping head to the side to see paper or blackboard, trying to write using only one hand, etc.

From the case of Juan G., a number of ideas are suggested. Any English-speaking youth who has received some formal education in an American school and has reached the age of 16 without learning to read at all must be a subject of investigation for possible perceptual handicap or other diagnosable mental handicap. The teacher should be on the lookout for clues as stated above. This statement, however, does not intend to imply that teachers be responsible for diagnosing such complex conditions as perceptual handicaps or brain damage. On the contrary, teachers must be cautioned not to make diagnoses, but rather to be alert to possible clues and to be informed enough to seek appropriate referrals for definitive diagnoses and possible treatment.

It can be argued that a more careful diagnosis is useless because so few facilities exist today for the education of out-of-school youth with learning difficulties. What value is there in labeling a young person's problem if there are no proper facilities to help him?

Labeling can be a positive measure. In the case of Juan G., more appropriate plans were made for his future; he was spared further attempts by educators to teach him through the traditional methods available at MFY. He was terminated from education and aided in securing full-time employment which did not require adult literacy and in which certain of his social skills are appreciated.

One of the classic tools for diagnosing students' learning problems--the IQ score--has been omitted from the case history here. The reason for its omission is that many student-trainees enter this program with low IQ scores, which are considered to be depressed by so-called cultural contamination. A trainee's actual intellectual

potential may be much greater than indicated by his score on the group test given at intake. His score, therefore, may be a source of confusion rather than of illumination.

Juan's case would tend to indicate that IQ scores are not necessary for the teacher or other professionals searching to understand and remediate learning difficulties. In place of IQ scores, careful classroom observations by a sensitive teaching staff are becoming the basis for requesting deeper investigation of learning problems.

Theoretically, Juan could have been helped earlier in his stay at MFY had the observations been made and understood earlier. Securing more appropriate educational help for him, however, is a moot point, since so few agencies now offer such help and the cost is prohibitive. Juan was lucky to find steady employment at his level of academic functioning; the lack of job opportunities for others like him is a serious problem today. Since his case was uncovered, approximately six other cases like Juan's are in the process of being observed in MFY classrooms.

In defining the small percent of dropout population suffering from learning handicaps like Juan's, this agency is contributing to the efforts of educators now involved in creating special programs to serve such youths. Specific kinds of learning problems call for very specific and as yet undeveloped educational methodology, as part of the many-pronged approach required to eliminate illiteracy and to open job opportunities to disadvantaged youth. More careful definition of the kinds of learning difficulties suffered by ghetto youth must eventually lead to the creation of programs and methodology for dealing with and solving such problems.